



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

APPLICATION FOR THIRD PARTY USE OF COURT FACILITIES

INSTRUCTIONS: Return completed application to the San Diego Superior Court – Executive Office, 220 W. Broadway, San Diego, CA 92101. *Attach additional pages if necessary and all supporting documentation.* Submit at least 30-days in advance of the desired date of use. See Policy for Third Party Use of Court Facilities (SDSC Form # ADM-236) for additional information.

1. Contact person: _____ Phone number: _____

Email: _____ Fax number: _____

Address: _____

2. Organization name: _____ Phone number: _____

Email: _____ Fax number: _____

Organization address: _____

Type of organization: _____

If the organization has a court employee contact, please answer the following:

Employee name: _____ Phone number: _____

Job title: _____ Court location: _____

3. Court location requested: ☐ County Courthouse ☐ Hall of Justice ☐ Family Court ☐ Madge Bradley
☐ Kearny Mesa ☐ Juvenile Court ☐ East County Division ☐ North County Division ☐ South County Division
☐ Other (Explain): _____

Number of conference rooms requested: _____ Number of courtrooms requested: _____

Will the number of rooms needed change for each day of this request? ☐ No ☐ Yes. (If the number of rooms needed is different for each day of this request, attach a sheet of paper listing each date and the requested amount of rooms.)

Is use of the Jury Lounge requested: ☐ No ☐ Yes. If "yes," time: (from) _____ a.m./p.m. (to) _____ a.m./p.m.

Any other area of the court requested: _____

Date(s) / Time(s) requested (complete a new form for each month, but if recurring, see below):

Date: _____ Time (from): _____ a.m./p.m. (to) _____ a.m./p.m.

Date: _____ Time (from): _____ a.m./p.m. (to) _____ a.m./p.m.

Date: _____ Time (from): _____ a.m./p.m. (to) _____ a.m./p.m.

Is this request recurring? ☐ No ☐ Yes. If "yes," please explain: _____

4. Expected number of participants: Court employees: _____ Non-Court employees: _____

5. Describe the intended use of the facility: _____

Date: _____ Signature _____

EXECUTIVE OFFICE USE ONLY

Date Received / Initials: _____ / _____

Request for use of facilities is: ☐ Denied ☐ Granted ☐ Granted with modifications or restrictions listed below:

Availability of requested room(s)/courtroom(s) to be determined.

Date: _____ Executive Officer Signature _____

Comments:

